Response to Concept Paper on 1115 Waiver by Health Care Council of Illinois on November 25, 2013

The Health Care Council of Illinois (HCCI) has a long history of supporting the right of each individual to receive "the right service, delivered at the right time, in the right setting." This philosophy is the foundation of the 1115 Waiver Concept Paper.

Our history of supporting expansion of home and community-based services dates back to the 1990's when we partnered with AARP to establish the Assisted Living and Shared Housing Act, a licensure act that many thought would cause the downfall of the skilled care profession. In 2004, not only was the nursing home profession the first to agree to partner with AARP in passing the Older Adult Services Act, but we also joined AARP in paying for the court reporter and meals for the negotiating sessions. Both are examples of what the State can accomplish when the nursing home profession is invited to partner in the development of proposals to transform long term care and services in Illinois.

As the concept paper states, Illinois has already made great strides in "rebalancing" long term care. Services that support high-functioning seniors to remain in their own homes longer have grown exponentially. At the same time, nursing home occupancy and the State's commitment to nursing home funding has remained static.

The level of care delivered in traditional skilled care facilities has dramatically increased during the last 10 years. The majority of skilled facilities in the state now provide highly complex medical services to very frail, elderly residents. In many areas of the state, the majority of the individuals capable of being served in other settings have been transitioned to these settings or diverted prior to nursing home admission.

Even with these strides, the State continues to face the same challenge it did when the Older Adult Services Act passed in 2005. The challenge: How are the needs of higher functioning seniors accommodated, without leaving behind the thousands of elderly who are not able to live at home? If we don't resolve this in a strategic way, communities will be stripped of critical services.

In an attempt to deal with this challenge, the State has undertaken several initiatives. While seemly disparate, these initiatives will collectively have a monumental impact on how the elderly are cared for Illinois. For example, a major element of the State's new nursing home reimbursement system made value judgments about who should and who should not receive nursing home care. But instead of a discussion about changing the care models of Illinois nursing homes, we debated how a finite amount of money should be divided up in a reimbursement scheme. This same approach is happening in managed long term care conversations. And it also appeared to be a huge motivator in the SMART Act service cuts and shifting of dollars from one program to another. This has resulted in many separate conversations and an alphabet soup of acronyms for stakeholders to wade through (ABP, 1115 Waiver, MMAI, BIPP, and RUGs). It's like being on the football field with tacklers coming at you, but not being allowed to read the playbook.

Instead of multiple conversations at multiple tables, HCCI believes we should come together as one group to develop a shared vision of the long term care and services landscape. Then, and only then, can we talk about how to implement the various tools and tactics necessary to make the vision a reality.

We must begin by first recognizing the senior population has dramatically changed over time. Today's seniors are now higher functioning and able to remain safely living in their homes much longer than generations before them. On the other hand, the elderly are living well into their late eighties and nineties. In fact, Illinoisans 85 years and older is the fastest growing segment of our state's population. Whereas once the 65 years and over segment of the populations was fairly homogenous, today we know there are three generations of seniors. It is not uncommon for a retiree to have parents who are alive and living on their own, and have an even older relative living in nursing home.

Clarifications Needed:

HCCI suggests the following clarifications in the draft 1115 Waiver Concept Paper:

1. Target the focus. Does the term "nursing home" in the document refer to skilled geriaric facilities, IMDs, assisted living facilities, shelter care, and/or supportive living facilities? Unless we accurately describe the focus, an appropriate response cannot be formed. For example, the concept paper identified 1,200 nursing homes in Illinois. There are fewer than 800 geriatric facilities in Illinois. These numbers need to be reconciled and terms more clearly defined.

2. The 1115 Waiver draft frequently refers to consumer choice. How do you reconcile the desires of the elderly person and the medical recommendations of their physician? Who makes the final determination when the family is able to provide the support needed for in-home services?

3. Nursing homes are community providers. The community connections and outreach activities provided by nursing homes are extensive. Making sure the supply of beds is consistent with demand in a community is critical to allowing the elderly to age close to all that is familiar to them—their friends, their families and their places of worship.

4. Nursing homes make a significant economic impact on communities where they are located. Nursing homes are a major generator of new jobs in Illinois and other states.

5. The concept paper characterizes nursing home services as more costly. Highly complex medical services can be delivered more economically in the nursing home. The cost of caring for someone in their own home must take into account all of the social services that are needed for this to happen successfully.

6. Missing from the concept paper is the lack of recognition of the issues of self-neglect, loneliness/depression, and family abuse and neglect. More importantly how to reconcile these very important realities.

7. The potential for abuse and neglect is a critical point missing from the concept paper. While we only hear about problems in nursing homes, the collective environment in a nursing home acts as a deterient. Elderly receiving services isolated in their own homes are at even greater risk for abuse, neglect and exploitation from paid caregivers.

8. The cooperation of the financial community is critical. Yet, no recognition to its involvement is contained in the paper.

Transformation Issues:

Transformation of the Medicaid delivery system does not require the State to abandon its investment in residential settings. It needs to rethink and retrofit the existing service delivery system to meet the projected needs of the changing senior population. Community-based nursing homes are bricks and mortar icons for senior services and are uniquely positioned to support the service delivery system of the future.

Some examples are:

1. Nursing homes never close and the network of buildings is extensive. Facilities can provide support for other community providers. Employees can provide needed training, nursing and support services during off hours.

2. Nursing homes have incorporated the necessary technology advances to be full partners in electronic medical records requirements. Having already invested in the technology, these services can be used to house medical records and care plans for partnering agencies.

3. Telephone consultation services for family members or the development of on-site triage centers are strategies that could be used to reduce unnecessary emergency room trips after business hours.

4. Buildings could be converted to multi-use. Depending upon the needs of the individual community, assisted living rooms, skilled care rooms, respite care, drop-in sites, congregate meals and adult day care services could be provided in the same building.

5. Using a portion of a building for senior center activities to provide day activities would help meet the socialization needs of seniors who face isolation in their own homes.

6. Nursing homes could also be converted to supportive housing and 202 senior housing project using the PACE concept.

7. The concept of delivering nursing home care type services in a person’s own home, family caregiver education and support, and small intimate units should be explored.

Closing:

HCCI and its collective members have consistently demonstrated a willingness to work with the state to expand services to seniors that allow them to live independently as long as possible. We look forward to working collaboratively with the State and other stakeholders over the next five years to develop a common vision for transforming the long term care and services system.

HCCI believes it is essential for the future of the long term care and services system that we embrace the strengths of our current system and blend them with the changes needed to better meet the needs of our changing elderly population.

Respectfully submitted,

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